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COUNTY BOROUGH OF WIGAN



Annual Report
of the
Principal
School Medical Officer
For the year 1966



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COUNTY BOROUGH OF WIGAN



Annual Report
of the
Principal
School Medical Officer
For the year 1966

J. HAWORTH HILDITCH

Medical Officer of Health and Principal School Medical Officer

COUNTY BOROUGH OF WIGAN

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Vice-Chairman :

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Other Members : Miss E. Eckersley, B.A., J.P., Miss E. Hodson, M.B.E., J.P., Mr. G. Livesey, B.Sc.

SCHOOL MEDICAL STAFF

1966

Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

School Medical Officers :

*RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

*THOMAS L. O'DONNELL, M.B., Ch.B., D.P.H.

*AILEEN F. HOWARTH, M.B., Ch.B.

Orthopaedic Surgeon :

*EDWARD W. KNOWLES, M.Ch. (Orth.) F.R.C.S.(Ed.)

Educational Psychologist :

*D. LABON (To 30/11/66)

Principal Dental Officer :

S. M. AALEN, L.D.S.

Dental Officer :

D. M. HUMPHREYS, L.D.S. (To 31/3/66)

Orthodontic Service :

*L. F. LANGFORD, L.D.S., D.Orth., R.C.S., Eng.

Dental Anaesthetist :

ELIZABETH MACKENZIE-NEWTON, M.B., Ch.B., D.A.

Chiropody Service :

*J. WOOD, M.Ch.S.

School Nurses :

E. E. SMITH, P. PRITCHARD (To 14/2/66), E. LAVIN (To 29/4/66),
R. CUNNIFF, M. FARRIMOND, N. SWARBRICK (From 1/4/66 To 31/7/66)
M. P. MASON (From 1/8/66), E. CAVAGHAN (From 19/9/66).

Speech Therapist :

*J. A. ECKERSLEY

Psychiatric Social Worker :

*R. BISSETT-SMITH

Orthopaedic Nurse :

*H. JORDAN

Clerk/Dental Attendants :

E. CHADWICK, J. M. PROCTOR

Audiometrician :

*J. I. GOODRICK (To 5/8/66), J. DIGGLES (From 10/10/66)

Clerks :

D. JONES, S. ROURKE

* Denotes Part-time Officer.

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1966

Health Office,
WIGAN.
April, 1967.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration the report on the work of the School Health Service for the year ended December, 1966.

The general standard of health amongst school children was again satisfactory and apart from a moderate outbreak of measles, of which 88 cases were notified, infectious diseases did not reach epidemic proportions in the schools. For the eighteenth year no case of diphtheria was notified. There were no cases of poliomyelitis and only three cases of whooping cough were noted.

The three latter diseases have been virtually eliminated by the steadfast application of the principles of preventive medicine, including the sustained use of the specific protective agents at our disposal. Measles, the last great epidemic disease of childhood, is at present the subject of intensive investigation and the time is not far distant when a reliable vaccine which has been adequately field tested for safety, freedom from untoward reaction, and effectiveness will become readily available.

Increasingly the work of the School Health Service is concentrated not as in the past on the maintenance of general standards of health and cleanliness but with the early ascertainment of children whose educational potential is in jeopardy on account of some special handicapping condition, be it physical or mental. In this respect the work of your officers is more complex than formerly but the rewards, not pecuniary, of their labours are correspondingly more satisfying. Their work is well co-ordinated with that of the Authority's officers in charge of Welfare Services for handicapped young adults, with the Mental Health Service, the hospital and general practitioner services, the Youth Employment Service, and many other statutory and voluntary bodies who can help to guide handicapped children to a rich, useful and satisfying life in the community.

Education for life includes the instruction of the scholar in many disciplines but time for instruction on health matters receives fairly low

priority. Thus knowledge of this subject is often gained tardily and then as a result of bitter experience. During the year teaching time was made available in some schools for the presentation of a programmed learning article on "Smoking" and for lectures by a consultant veneriologist on the hazards of promiscuity. The mothercraft courses for senior girls have now become a permanent feature of the curriculum in most senior girls' schools. A Dental Health Campaign was successfully launched in a number of infant schools.

The shortage of technical and other staff which I have mentioned in previous years continues, hampering our work in dentistry, speech therapy and Child Guidance particularly.

As in previous years we have worked very closely with Dr. R. M. Forrester, Paediatrician, Mr. W. T. Lees, Ophthalmic Surgeon, Mr. E. Knowles, Orthopaedic Surgeon, and Mr. A. G. Calder, Ear, Nose and Throat Surgeon, at the Royal Albert Edward Infirmary, and I thank them for their help and co-operation. Our work would be impossible without the goodwill of the general practitioners and dental surgeons in the Borough and for their continued support I thank them.

My thanks are due also to the several full and part-time officers who have provided material for inclusion in this report and I should like again to place on record my appreciation of the high standard of work performed by the medical, nursing and ancillary staff of the department. I would also like to thank the Director of Education, his staff and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out. Finally, I acknowledge with thanks the help of the Chairman and Members of the Children's Welfare Sub-Committee whose enthusiasm has been an inspiration during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner:—

The Principal School Medical Officer is also the Medical Officer of Health. All other full time Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town.

Since Autumn 1962 Health Visitors have been working with General Practitioners and attending their surgeries weekly or fortnightly. This has effected a closer co-ordination between the Department and the General Practitioners.

Many children are referred for orthoptic treatment, and there is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session each week.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available on which to base decisions which might influence a child's future education and prospects in later life.

A review of the arrangements for the Co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People was carried out following receipt of the Joint Circular dated 31st March, 1966, from the Department of Education and Science and the Ministry of Health. Problems are minimised in an Authority such as Wigan where the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. In future a Joint Case Conference is to be held three or four times each year when all children of school age with multiple

handicaps will be reviewed. The conference will be attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, the Senior Mental Welfare Officer, the School Welfare Officer and the Youth Employment Officer. In addition the Children's Officer will be invited if any child whose case may be discussed is in the care of the Local Authority or thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case will be invited to attend.

CLINICS

Central Clinic, Millgate, Wigan:—

Minor Ailments Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	.....	By appointment.
Chiropody Clinic	.....	Monday morning.
Orthopaedic Clinic	.....	Monday, Wednesday and Thursday, all day. Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic	.....	Tuesday, Wednesday and Friday all day; Monday and Thursday afternoons.

Pemberton Clinic, 15 Billinge Road Pemberton:—

Minor Ailments Clinic	Tuesday and Friday mornings.
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Pemberton Primary School, Schoolway, Pemberton:—

Dental Clinic	Monday and Thursday mornings.
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SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

		Primary Schools					
		No.	Departments			No. on Rolls	Average attendance
County Schools	.....	7	.....	12	.....	2092	..... 1935
Voluntary Schools	.....	21	.....	39	.....	5246	..... 4738
		28	.....	51	.....	7338	..... 6673

Secondary Modern Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	3	5	1107	991
Voluntary Schools	5	8	2062	1823
	8	13	3169	2814

Secondary Grammar Schools

The Grammar School has 734 pupils on roll, and the High School has 513.

There is one direct-grant secondary grammar school in the town, viz., the Notre Dame High School.

FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year in the majority of the schools. The selective medical examination procedure is continuing at the three schools in which it was introduced in 1963. All children in the schools are inspected during their first year at school. Thereafter children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. The vision of each child is tested annually.

The numbers of children inspected and found to require treatment (excluding uncleanliness and dental diseases) were as follows:—

Year of Birth	Number Inspected	Found to require treatment	Percentage
1962 and later	1	—	—
1961	587	171	29.13
1960	325	91	28.00
1959	77	31	40.26
1958	86	46	53.49
1957	43	22	51.16
1956	409	110	26.89
1955	406	105	25.86
1954	122	52	42.62
1953	385	67	17.40
1952	309	73	23.62
1951 and earlier	113	20	17.70
Total	2863	788	27.52

The physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 25) that over the whole age range the condition of 99.97% of the pupils was satisfactory and only 0.03% unsatisfactory.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—At routine medical inspection 34 children were found to have discharging ears and 106 children to be suffering from other ear trouble. Individual children are tested by pure-tone audiometer.

School Medical Officers carry out pure-tone audiometry in the Department. Cases requiring more intensive investigation are sent to the Manchester University Department of Audiology.

Sweep Audiometric Testing is carried out in infant schools. This work is being undertaken by a specially trained clerk. Any child with an unsatisfactory result is referred to a School Medical Officer for further investigation. 2,381 children were tested during the year of whom 75 were submitted for further examination.

Tonsils and Adenoids.—103 children were found at routine medical inspection to require treatment, and 93 required to be kept under observation. 149 received operative treatment during the year. Details are given on page 28 (Table IIIB).

At routine medical inspection the opportunity was taken to obtain an indication of the numbers of children in the school population who had received operative treatment for tonsils and adenoids. The results are as follows:—

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1962 and later	1	—	—
1961	587	12	2.04
1960	325	13	4.00
1959	77	5	6.49
1958	86	7	8.14
1957	43	3	6.98
1956	409	67	16.38
1955	406	37	9.11
1954	122	15	12.30
1953	385	60	15.58
1952	309	67	21.68
1951 and earlier	113	19	16.81
Total	2863	305	10.65

Eye Diseases — Visual Defects

Eye Diseases.—57 children were found to be suffering from external eye diseases, mainly conjunctivitis and blepharitis.

574 cases were found to have defective vision and squint. Of these 309 required treatment, the remainder being kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are on page 28 (Table IIIA).

Skin Diseases

72 cases of skin disease were found at routine medical inspection. There were no cases of ringworm.

Orthopaedic Defects

At the routine medical inspection 128 cases were revealed, 102 were referred to the Orthopaedic Clinic for treatment and 26 are under observation. Details of attendances at the Orthopaedic Clinic are given in Table IIIC on page 29.

HEALTH EDUCATION IN SCHOOLS

Lecture-demonstrations on “Mothercraft” were given by health visitors to senior girls of six schools. The contents of the course were presented to the headmistresses in advance and the lecture-demonstrations were well received by the students. At one school it was necessary to hold two classes because of the numbers taking the course. A total of 162 pupils was entered for the examination in “Child Care” for schools arranged by the National Association for Maternal and Child Welfare. 156 were successful—a very good result.

Talks on “Personal Hygiene” were given by a health visitor in six schools and leaflets were distributed to all fifteen year olds at schools.

The Consultant Venereologist, Dr. P. S. Silver, gave lectures in eight out of fifteen secondary schools. The talks were well received.

In September, after teachers had been provided with a model lecture to present beforehand, a “Dental Health” campaign was launched in infant schools using a single concept loop projector and a model jaw. Leaflets provided by the British Dental Association were distributed and full use was made of Ministry of Health posters on the subject. The main emphasis was on the correct brushing of teeth and the dangers of sticky foods.

With a view to finding an effective way of preventing young people from starting to smoke, as well as spreading the facts about “Smoking”,

a programmed article, which demands the readers' participation, was tried out in several schools. One version of the article was for nine to twelve year olds and another for thirteen to sixteen year olds. The results were encouraging.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 23 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

COLLEGE ENTRANTS

99 candidates for admission to various Training Colleges were medically examined during the year.

SUPERANNUATION

5 Teachers were medically examined for superannuation purposes.

MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE

32 applicants for full-time employment in the School Meals Service were medically examined. In addition 93 part-time staff were medically screened prior to transfer to the permanent staff.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following:—

Minor Ailments.—The school clinic at Millgate has been open daily and that at Pemberton two days weekly throughout the year for treatment of minor ailments and the carrying out of special examinations.

During the year 3,226 attendances were made in 252 sessions at the Central Clinic and 273 attendances in 72 sessions at Pemberton Clinic.

The number of children attending Minor Ailment Clinics continues to decline and there was a considerable fall in attendances compared with the previous year.

	1964	1965	1966
No. of children attending	1,376	1,221	1,146
No. of attendances	4,912	4,131	3,478
Average No. of attendances per child	3.6	3.4	3.03

At the School Clinics special examinations of children referred by school nurses, teachers, parents and school welfare officers are carried out by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and the Clinic Attendant attended to cleansing the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated, are given in Table IV, page 30.

Treatment of Visual Defects.—Routine refraction work is performed by the School Medical Officer. All children who are known to have visual defects are re-examined annually, and in addition **every** child has an annual vision check by a school nurse.

The medical and lay staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and co-operative.

Orthoptic Service.—33 school children have been referred to the Wigan Infirmary for orthoptic exercises.

Uncleanliness.—Arrangements for head inspection have continued as in previous years. Details are to be found on page 30 (Table V).

The following scheme has been in operation during the year:—

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.
- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

Great efforts have been made to apply the scheme thoroughly, and the results have been very gratifying.

The total number of first examinations of children was 9,776, and of these 420 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 197.

At the first examination the percentage of infested children was 4.29 and at the final inspection the percentage had been reduced to 2.02.

It is essential to have the co-operation of parents and teachers in this important work.

There were 15 cases of scabies in 1966 compared with 21 cases in 1965. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in re-infestation of the children concerned and prevents that particular source of infestation being cleared.

Orthopaedic Service.—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council has continued to work well. The Surgeon attends one session per month and the Orthopaedic Nurse attends six sessions per week.

During the year 187 patients attended and 663 attendances were made for physiotherapy. Nine children were referred to Wigan Infirmary for surgical treatment which proved to be successful in each case. Two children were referred to the Paediatric Clinic for dietary advice.

Tuberculosis.—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

Arrangements for treatment are now in the hands of the Regional Hospital Board, the School Health Service being responsible for adequate after-care and reference to Special Schools if necessary.

Arrangements have been agreed whereby all personnel of the School Meals Service and School Caretakers are subject to X-ray examination as a preventive measure. Unfortunately, this does not extend to teachers already in post, but all new entrants to the profession are screened.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination is offered to all thirteen year old children and the 87% acceptance rate is higher than that for the previous year (82%).

Routine Protection of School Children:

No. in 13 year age group	1217
No. for whom consent was obtained	1054
Percentage of acceptances	87%
No. of Mantoux-Negative	996
No. of Mantoux-Positive	58
Percentage Positive	5.5%
No. Vaccinated	937
No. who had Chest X-ray	53
No. where X-ray showed active tuberculosis	—
No. where X-ray showed lung abnormality requiring further observation	1

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. Our percentage 5.5 compares favourably with that in other urban industrial areas.

CHILD GUIDANCE CLINIC

The joint service provided in collaboration with Lancashire County Council operated during the year. An Educational Psychologist and a Psychiatric Social Worker attended the clinic on one half-day each week. Unfortunately no consultant child psychiatrist was available and therefore only a very limited service was provided throughout the year. Urgent cases which could not be dealt with in Wigan were referred to the Notre Dame Child Guidance Clinic, Liverpool.

At the end of the year plans were being made whereby a more adequate service might be provided for Wigan children.

Referrals	County	Borough
Cases on waiting list at end of 1965	10	8
Cases referred during 1966	17	4
New cases seen during 1966	13	3
Cases withdrawn during 1966	3	1
Cases on waiting list at end of 1966	11	8

Total Cases seen during 1966

Source of referral:

School Medical Officer	17
General Practitioner	2
Parent	2

Type of referral:

Stealing	1
Learning problems	10
School refusal	1
Other symptoms of emotional disorder	9

Recommendations:

Attendances at clinic for treatment	7
Supervision by other agencies	6
Advice in school	1
Diagnosis and advice to parents	7

Clinic Attendances

Children	31
Parents	78
Other Interviews	3

Speech Therapy.—A limited service has been provided. Miss J. A. Eckersley has been employed two sessions per week throughout the year. Continuing efforts are being made without success to recruit additional staff. There is a national shortage of trained speech therapists and this is not likely to be resolved in the foreseeable future.

No. of cases treated	43
No. of new cases	17
No. of attendances	520
No. of children discharged	28
No. of children reviewed	43

Treatment of Enuresis.—The loan service of electric alarm machines for use in the treatment of this condition continues. This service is operated through the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Electric alarm machines have been used by 4 children in 1966.

Chiropody.—I am indebted to Mr. J. Wood for the following report:—

My time at the School Clinic has again been fully occupied each week by the treatment of children suffering from Verrucae Pedis. All cases were cleared satisfactorily. Unsuitable shoes are still worn by a considerable number of children. Advice about footwear has been given but as the children attend for such a short period I have no opportunity of knowing if the advice is heeded.

No. of attendances by Chiropodist	44
No. of Patients	127
No. of Treatments	612

ANALYSIS OF CASES, 1966

Verrucae Pedis	119
Other Conditions	8

HOSPITAL & SPECIALIST SERVICES

There have been no material changes to hospital and specialist services available for school children since my last report.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyelitis was notified in school children. There were 11 cases of scarlet fever, 88 cases of measles, and 3 cases of whooping cough.

Diphtheria Immunisation.—We have now had eighteen years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort is spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers have co-operated extremely well in advising parents to have their children

protected. In order to minimise the amount of class-room time lost at immunisation sessions arrangements have been made for these to be undertaken in schools as well as at clinic premises.

Parents whose children are receiving Primary Inoculation against Diphtheria are now encouraged to have them protected with Diphtheria-Tetanus Combined Vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for Booster injections. Names of pupils so protected are forwarded to the Casualty Department of the Infirmary, so that in case of injury involving a risk of Tetanus the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable measure of receiving passive immunity by means of Anti-tetanus Toxin.

No. of children completing Primary Diphtheria-Tetanus Inoculation	458
No. of children receiving Booster Diphtheria or Diphtheria-Tetanus Inoculation	1751

Vaccination against Poliomyelitis.—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course	838
No. of children who received a re-inforcing course	100

HANDICAPPED PUPILS

Ascertainment of handicapped pupils has continued throughout the year.

Many handicapped pupils are found during the first periodic medical inspection, and others are brought to the notice of the Department by teachers or parents. An increasing proportion are discovered prior to their admission to school whilst attending Welfare Clinics, and the close liaison which exists between the School Health and Maternity and Child Welfare Services ensures that these children are guided early into the educational channels which will be of most benefit to them.

Should the child be so incapacitated as to be unable to attend the School Clinic, arrangements are made for the School Medical Officer to visit the home in conjunction with the Family Doctor who is attending, thus first hand information of the child's previous history is obtained.

It is becoming more and more apparent that a physically handicapped child has special problems of psychological and emotional adjustment as he grows up. Understandably, thinking in the past has too often been directed solely to the child's immediate problems and perhaps too little thought has been given to his future adult life.

Ascertainment of a pupil is not, after all, to set him apart but rather to mark him out as a child needing more help than most to become integrated into school life. The closer the approximation to normal schooling, the more rounded and mature will be the school leaver. Some cases have been reported in the past and others no doubt will be in future years of severely

handicapped children fitted into useful adult employment. No spectacular successes can be reported this year but during the year an arrangement was made with the Consultant Paediatrician whereby a School Medical Officer and the Paediatrician jointly see and discuss handicapped school children at a clinic held at regular intervals. The arrangements detailed on page 7 for the review of handicapped school children should ensure that all agencies are geared to assist as school leaving age is approached.

Some selected children with congenital cardiac defects, repaired and otherwise, are now attending normal school whereas some years ago they might well still have been in residential school. They have speedily found by experience how much play they are capable of and have adjusted themselves to this limit without any authoritative restrictions from the School Medical Officer.

Unfortunately there will always be children who have to be sent to residential school or who are confined to their homes and need the services of a home teacher. The first steps have been taken towards lessening the isolation of the child at home by trying to arrange for children living close together to be taught together. Grave problems of parental consent, transport and the children's temperament are involved, but it is hoped that this scheme will be developed in future years and give these children some sense no matter how small, of school community. What little has been achieved so far is encouraging but broadening the scope of the idea is not easy.

When handicapped children reach school leaving age an assessment is made of their capacity for work in open or sheltered industry and the relevant advice is given to the Youth Employment Bureau. There are close links with the Welfare Services Section and they are informed of the children who will require their help some time before they leave school.

During the year five children were reported to the Local Health Authority in accordance with Section 57 (4) of the Education Act as they were considered unsuitable for education at school because of a disability of mind.

Handicapped Children Ascertained during 1966 :

(a) Blind pupils	—
(b) Partially sighted pupils	—
(c) Deaf pupils	—
(d) Partially hearing pupils	1
(e) Physically handicapped pupils	2
(f) Delicate pupils	4
(g) Maladjusted pupils	1
(h) Educationally subnormal pupils	15
(i) Epileptic pupils	—
(j) Pupils with speech defects	—
	23
	—

Handicapped Children Attending Special Schools

	Number admitted in 1966	Number Attending
(a) Blind Pupils.		
Liverpool School for the Blind	—	1
Sunshine House, Southport	—	1
Royal Normal College for the Blind, Shrewsbury.....	1	1
(c) Deaf Pupils.		
Royal School for the Deaf, Manchester	—	3
Royal Cross School for the Deaf, Preston	—	1
(d) Partially Hearing Pupils.		
Crown Street School, Liverpool	1	1
Liverpool School for Partially Deaf	1	3
Thomasson Memorial School, Bolton	—	2
St. John's Residential School, Boston Spa	1	1
(e) Physically Handicapped Pupils.		
Birtenshaw Hall, Bolton	1	2
Bradstock Lockett, Southport	—	1
(f) Delicate Pupils.		
St. Dominic's Open-air School, Surrey	1	2
St. Catherine's Home, Ventnor, Isle-of-Wight	2	3
St. Vincent's School, St. Leonards	—	1
St. Patrick's, Hayling Island	—	1
Fairfield House, Broadstairs	2	2
(g) Maladjusted Pupils.		
Pitt House Junior School, Devon	—	1
Heanton School, Devon	—	1
Farney Close School, Bolney	1	1
(h) Educational Sub-normal Pupils.		
Pontville Special School, Ormskirk	—	1
St. Joseph's R.C. School, Cranleigh	—	2
Pitt House Senior School, Devon	1	2
All Souls School, Hillingdon	1	1
(i) Speech Defect.		
Moor House School, Oxted	1	1

In addition 44 children were accommodated in special classes for educationally sub-normal children at Warrington Lane Primary School, Wigan.

EDUCATION ACT, 1944, SECTION 56

During the year 6 children received home teaching and 11 children received tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when allowed to be deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching per week, and for cases in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patient's abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child.

WORK OF THE SCHOOL NURSES

	1965	1966
No. of visits paid to homes for following up of cases	522	376
„ first visits paid to schools in connection with general cleanliness	94	83
„ children inspected for general cleanliness	10,341	9,776
„ visits paid to schools for re-inspection for general cleanliness	396	361
„ re-inspections for general cleanliness	32,496	31,417
„ visits to schools for Infectious Diseases	12	10
„ children inspected for Infectious Diseases	728	330
„ visits paid to schools for other purposes	51	29
„ visits paid to homes for Infectious Diseases	6	9
„ visits paid to schools for Medical Inspection	255	245
„ visits paid to schools for Inoculations	123	160
„ Inoculation Sessions at School Clinic	65	26
„ visits paid to schools for Vision Testing	97	112

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varies considerably in the different schools. The total number of parents present was 1,718 and the total number of children medically inspected was 2,863, the average attendance of parents being 60.01 per cent.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and

submit special cases for inspection. Prompt and complete information regarding infectious diseases is very valuable to the Principal School Medical Officer and can help him to control or even prevent epidemics.

CHILDREN’S DEPARTMENT

A friendly liaison exists between the Children’s Department and the School Health Service.

During the year the following work was carried out on behalf of the school children in the care of the Children’s Department:—

Preliminary Examinations prior to admission into care	39
Annual Home Office Medical Inspections	90

CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 60 cases, involving the welfare of 173 children.

PROVISION OF MEALS AND MILK

A new Kitchen Dining Room was opened at the St. John Fisher R.C. Secondary Girls’ School, Baytree Road, Springfield, Wigan, on 17th October, 1966.

SUMMARY OF MILK AND MEALS SERVED

	1965	1966
Paid and free meals to children and teachers	1,376,197	1,413,018
Third-pint bottles of milk	2,054,717	1,802,808
Meals supplied to Notre Dame High School	63,451	64,009
Meals supplied to Hope School	10,950	7,900
Meals supplied to Marylebone Training Centre	5,413	—
Meals supplied to Fabrex Training Centre	1,973	14,496
Meals supplied to the Workshops for the Blind	3,626	2,412

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Staff.

The shortage of staff still remains a major problem. In spite of repeated advertisements and upgrading of one post to Senior Dental Officer, the position still remains the same.

In January this year Mr. L. F. Langford took up his appointment as part-time Orthodontist in succession to Mr. Batten who retired at the end of 1965.

On March 31st Mrs. Minors—the latest appointed Dental Officer—retired, her husband having been offered a hospital appointment in Bristol.

A new part-time post as Dental Anaesthetist was created in April and Dr. Mackenzie-Newton was appointed from May 11th.

Clinics and Equipment.

Until March 31st the Central Clinic, Millgate, remained open at all times. From April 1st, however, it was only possible to keep the Central Clinic open eight sessions per week. The remaining two sessions (Monday and Thursday mornings) were devoted to the treatment of children at the Pemberton Primary School.

During the year another air-turbine was purchased and thus two surgeries are now equipped with this modern equipment.

Furthermore, a new gas machine (Walton V) with pin-index was purchased in order to comply with the new safety regulations regarding general anaesthetics.

A recovery couch was provided for the Central Clinic.

Dental Inspections.

4,421 children out of a school population of 12,590 received a routine dental inspection. In addition, 449 children attended the Clinics for periodic recalls, or as casuals for special inspections.

The average time between each dental inspection in schools is now over two years and thus a long way from the goal of a minimum of one annual inspection of each child at school. Facilities were again made available—at most schools—for parents to attend during the examination of the younger children.

Dental Treatment.

1,376 children received treatment at the Dental Clinics and 1,066 were made dentally fit. This dental fitness could, however, not be maintained by a six-monthly recall system due to shortage of staff.

During the year, 29 new orthodontic cases were commenced and 34 orthodontic appliances were fitted. Only two cases were discontinued during the year. The demand for orthodontic treatment is still increasing and a waiting list exists.

A total of 315 general anaesthetics were administered out of which 109 were administered by Dental Officers. Since the appointment of a Consultant Anaesthetist in May, general anaesthetic sessions have been held every fortnight.

78 children had a radiological examination performed by the X-ray

Department of the Wigan and Leigh Hospital Management Committee.

Other forms of treatment included 238 operations, comprising scaling and gum treatment, treatment of oral ulceration, dressings for the relief of pain and pulp cappings.

Dental Health Education.

Two sessions were devoted to an 'Open Day' when films were shown and dental hygiene was taught by all members of the Dental Staff.

In addition, a health education organiser, has throughout the year, carried out a sustained campaign for dental health and has visited most schools, showing films and lecturing to the children about the importance of dental hygiene.

School Nurses and Domestic Science Teachers in Secondary Schools have also contributed greatly in the education of dental health to the school children. The Health Visitors have given invaluable help and assistance to expectant and nursing Mothers and to Parents and pre-school children.

In conclusion I wish to express my sincere appreciation and gratitude to everyone who has been in any way concerned with the welfare of the children of our Town, without whose help the smooth running of the Dental Service would have been impossible.

PHYSICAL EDUCATION

Mr. E. J. Kitching has supplied the following report:—

During the past twelve months the St. John Fisher R.C. Secondary Girls' School has opened. This school has a large hall and outdoor facilities for Netball and Tennis.

Woodfield Junior School, which is housed in the old Girls' High School, now has an excellent hall for gymnastics and has been well equipped with apparatus.

Robin Park has been extended by nearly nine acres to include the Logwood House Farm area, and this will be in use shortly.

The new Olympic Swimming Pool is now being used by Schools throughout the day time and it is hoped that soon every school will attend.

A Coaching Course was run by the Authority again during the Summer holidays and coaches for Rugby League, Tennis and Hockey were appointed. Organised games were held under the direction of qualified teachers, and Play Centres were arranged for Infant children. During the period of 25th July to 5th August, the weather was not particularly kind and this affected attendances at the organised games, but the Play Centres were better able to deal with this, as the various school halls were used for activities by the Play Leaders.

B. OTHER INSPECTIONS

Number of Special Inspections	341
Number of Re-Inspections	1806
Total	<u>2147</u>

TABLE II

Defects Found by Medical Inspection during the year

A. PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin	13	9	—	—	40	10	53	19
Eyes (a) Vision	56	103	9	6	192	127	257	236
(b) Squint	34	8	1	—	17	21	52	29
(c) Other	12	6	—	5	15	19	27	30
Ears (a) Hearing	29	19	—	—	35	12	64	31
(b) Otitis Media	1	3	—	—	21	9	22	12
(c) Other	4	2	—	—	5	—	9	2
Nose and Throat	61	53	3	—	79	43	143	96
Speech	4	8	—	1	5	4	9	13
Lymphatic Glands	—	35	1	—	1	18	2	53
Heart	4	9	—	—	12	10	16	19
Lungs	18	14	1	—	18	12	37	26
Developmental								
(a) Hernia	7	2	—	—	5	3	12	5
(b) Other	2	9	—	—	14	9	16	18
Orthopaedic								
(a) Posture	2	1	—	—	5	2	7	3
(b) Feet	27	6	1	—	23	4	51	10
(c) Other	23	6	1	—	20	7	44	13
Nervous System								
(a) Epilepsy	5	—	—	—	6	4	11	4
(b) Other	—	1	1	—	3	1	4	2
Psychological								
(a) Development	2	3	—	—	2	11	4	14
(b) Stability	—	5	—	—	1	4	1	9
Abdomen	5	—	2	—	18	4	25	4
Other	7	4	1	—	38	6	46	10
Totals	316	306	21	12	575	340	912	658

* Defects requiring treatment (T).

† Defects requiring to be kept under observation (O).

B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring Treatment	Pupils requiring Observation
Skin	2	1
Eyes (a) Vision	22	6
(b) Squint	6	—
(c) Other	—	3
Ears (a) Hearing	17	—
(b) Otitis Media	2	—
(c) Other	1	—
Nose and Throat	3	1
Speech	12	1
Lymphatic Glands	1	—
Heart	—	—
Lungs	3	—
Developmental (a) Hernia	—	—
(b) Other	—	—
Orthopaedic (a) Posture	1	—
(b) Feet	9	—
(c) Other	—	—
Nervous System (a) Epilepsy	2	—
(b) Other	1	—
Psychological (a) Development	5	—
(b) Stability	—	1
Abdomen	—	—
Other	7	—
Totals	94	13

TABLE III

**Treatment of Pupils attending maintained Primary and Secondary
Schools**

A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	49
Errors of refraction (including squint)	426
Total	<u>475</u>
Number of pupils for whom spectacles were prescribed	233
Analysis of Cases in which Spectacles were prescribed	
Simple Hypermetropia	27
Simple Myopia	35
Hypermetropic Astigmatism	127
Myopic Astigmatism	25
Mixed Astigmatism	19
Total	<u>233</u>

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	149
(c) for other nose and throat conditions	—
Received other forms of treatment	28
Total	<u>177</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966	3
(b) in previous years	14

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated	
(a) Pupils treated at clinics or out-patients departments	187	
(b) Pupils treated at school for postural defects	—	
		187

Attendances at the Orthopaedic Clinic

	Wigan	Hindley	Ince	Standish	Orrell	Ashton	Total
No. of children of school age attending	187	2	13	59	6	12	279
No. of attendances of children of school age	663	2	40	278	53	48	1084

D. DISEASES OF THE SKIN (excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated					
Ringworm—(a) Scalp	—					
(b) Body	—					
Scabies	15					
Impetigo	33					
Other skin diseases	262					
Total	310					

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated					
Pupils treated at Child Guidance clinics	7					

F. SPEECH THERAPY

	Number of cases known to have been treated					
Pupils treated by speech therapists	43					

G. OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with					
(a) Pupils with minor ailments	579					
(b) Pupils who received convalescent treatment under School Health Service arrangements	—					
(c) Pupils who received B.C.G. vaccination	937					
(d) Other than (a), (b) and (c) above, please specify : Chiropody	127					
Total (a) - (d)	1643					

TABLE IV
Minor Ailment Clinics
Classification of Consultations and Treatment

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	180	—	248
Scabies	15	—	63
Impetigo	33	—	185
Other Skin Diseases	262	—	1090
Blepharitis	1	—	1
Conjunctivitis	—	—	—
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	48	1	120
Defective Hearing	—	—	—
Minor Ear Diseases	18	1	35
Nose and Throat Conditions	10	—	13
Deformities	13	—	29
Injuries to Bones and Joints	10	7	11
Other Defects and Diseases	4	—	4
Miscellaneous	552	9	1700
Total	1146	18	3499

TABLE V
Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	12
Total number of examinations of children in the Schools by School Nurses	41,193
Number of individual children found unclean at first inspection	420
Number of individual children found unclean at final inspection	197
Number of children cleansed under arrangements made by the Local Education Authority	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE VI
Dental Inspection and Treatment

Attendances and Treatment	Ages			
	5 - 9	10 - 14	15 +	Total
First Visit	852	472	52	1376
Subsequent visits	898	639	82	1669
Total visits	1750	1161	134	3045
Additional courses of treatment commenced	23	9	—	32
Fillings in permanent teeth	369	1056	170	1595
Fillings in deciduous teeth	1335	71	—	1406
Permanent teeth filled	308	865	133	1306
Deciduous teeth filled	988	57	—	1045
Permanent teeth extracted	91	280	28	399
Deciduous teeth extracted	1021	324	—	1345
General anaesthetics	204	105	6	315
Emergencies	160	103	3	266
Number of Pupils X-rayed			—	
Prophylaxis			49	
Teeth otherwise conserved			189	
Number of teeth rootfilled			7	
Inlays			—	
Crowns			2	
Courses of treatment completed			1066	
Orthodontics				
Cases remaining from previous year			60	
New cases commenced during year			29	
Cases completed during year			5	
Cases discontinued during year			2	
No. of removable appliances fitted			34	
No. of fixed appliances fitted			—	
Pupils referred to Hospital Consultant			—	
Prosthetics	Ages			
	5 - 9	10 - 14	15 +	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	—	—	—
Number of dentures supplied	—	—	—	—
Anaesthetics				
General anaesthetics administered by Dental Officers.....				109
Inspections				
(a) First inspection at school. Number of Pupils				4421
(b) First inspection at clinic. Number of Pupils				229
Number of (a) + (b) found to require treatment				3494
Number of (a) + (b) offered treatment.....				2603
(c) Pupils re-inspected at school clinic				220
Number of (c) found to require treatment				160
Sessions				
Sessions devoted to treatment			521.9	
Sessions devoted to inspection			30.0	
Sessions devoted to Dental Health Education			2.0	

INDEX

	Page
Adenoids	10
B.C.G. Vaccination	14
Child Guidance	5, 15
Children's Department	21
Children's Welfare Sub-Committee	3
Chiropody	16
Clinics	8
College Entrants	12
Co-operation of Parents	20
„ Teachers	20
„ Voluntary Bodies	21
Co-ordination of Local Health Services	7-8
Dental Service	6, 21-23
Diphtheria Immunisation	16-17
Ear, Nose and Throat Defects	10
Education Act, 1944, Section 56	20
Education Committee	3
Employment of Children and Young Persons	12
Eye Diseases	11
Handicapped Pupils	6, 17-19
Health Education	11-12
Hospital and Specialist Services	16
Home and Hospital Tuition	20
Infectious Diseases	5, 16
Introduction	5-6
Medical Examination for School Meals Service	12
Medical Inspection	5, 9-11
Minor Ailments	12
Orthopædic Defects	11
Orthopædic Service	14
Orthoptic Service	13
Physical Education	23-24
Poliomyelitis Vaccination	17
Primary Schools	8
Provision of Meals and Milk	21
School Accommodation and Hygiene	8
Secondary Grammar Schools	9
Secondary Modern Schools	9
Selective Medical Examination	9
Skin Diseases	11
Specialist Service	16
Speech Therapy	16
Staff	4
Statistical Tables	25-31
Superannuation	12
Testing of Hearing	10
Testing of Vision	8, 11
Tetanus Immunisation	17
Tonsils	10
Treatment of Minor Ailments	12
„ Visual Defects	13
„ Uncleanliness	13
„ Orthopædic Defects	14
„ Tuberculosis	14
„ Enuresis	16
Uncleanliness	14
Work of the School Nurses	20

